

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
	1	✓						51					
2		✓				52							
3		✓				53							
4		✓				54							
5		✓				55							
6		✓				56							
7		✓				57							
8		✓				58							
9		✓				59							
10	✓	✓				60							
11		✓				61							
12		✓				62							
13		✓				63							
14		✓				64							
15		✓				65							
16		✓				66							
17		✓				67							
18		✓	①			68							
19		✓	②			69							
20		✓	②			70							
21		✓	①			71							
22		✓	①			72							
23		✓	①			73							
24						74							
25						75							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	✓					TOTAL IND.							
TOTAL DEP.	✓	✓	✓	✓	✓	TOTAL DEP.							
TOTAL CLAIMS	✓	✓	✓	✓	✓	TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS